

Private Health Information Statement - Combined policy

Silver Plus Secure Hospital - \$500/\$1,000 excess with Active Life Extras

HCI

<https://www.hciltld.com.au>

[enquiries@hciltld.com.au](mailto:enquiries@hciltld.com.au)

1800 804 950

Monthly Premium

\$510.54<sup>#</sup>

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in Tasmania

# You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading or an insurer discount. Check with your insurer for details.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

This policy does not provide accident cover.

✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

|                                                           |                                   |                                                                                     |
|-----------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|
| ✓ Back, neck and spine                                    | ✓ Ear, nose and throat            | ✓ Male reproductive system                                                          |
| ✓ Blood                                                   | ✓ Eye (not cataracts)             | ✓ Miscarriage and termination of pregnancy                                          |
| ✓ Bone, joint and muscle                                  | ✓ Gastrointestinal endoscopy      | ✓ Pain management                                                                   |
| ✓ Brain and nervous system                                | ✓ Gynaecology                     | ✓ Palliative care                                                                   |
| ✓ Breast surgery (medically necessary)                    | ✓ Heart and vascular system       | ✓ Plastic and reconstructive surgery (medically necessary)                          |
| ✓ Cataracts                                               | ✓ Hernia and appendix             | ✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Implantation of hearing devices | ✓ Skin                                                                              |
| ✓ Dental surgery                                          | ✓ Joint reconstructions           | ✓ Sleep studies                                                                     |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Joint replacements              | ✓ Tonsils, adenoids and grommets                                                    |
| ✓ Dialysis for chronic kidney failure                     | ✓ Kidney and bladder              | R Hospital psychiatric services                                                     |
| ✓ Digestive system                                        | ✓ Lung and chest                  | R Rehabilitation                                                                    |

This policy ✗ does not include cover for

|                                  |                               |                       |
|----------------------------------|-------------------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Pain management with device | ✗ Weight loss surgery |
| ✗ Insulin pumps                  | ✗ Pregnancy and birth         |                       |

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See ‘Agreement Hospitals’ on [privatehealth.gov.au](https://privatehealth.gov.au) for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

**Excess:** You will have to pay an excess of \$500 per admission. This is limited to a maximum of \$500 per person and \$1000 per policy per year.

**Co-payments:** No co-payments

The following waiting periods for hospital admissions apply to new or upgrading members

**Waiting periods:**

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 2 months for all other treatments

Gap Cover

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

The excess does not apply to any dependants under the age of 18.

For further information about this policy see

<https://hcilt.com.au/packaged-cover>

General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

| Treatment           | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                              | Examples of maximum benefits                                                                                                           |
|---------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| General dental      | 2                       | \$500 per person                                                                                                    | Periodic oral examination - \$33.00<br>Scale & clean - \$61.00<br>Fluoride treatment - \$22.00<br>Surgical tooth extraction - \$100.00 |
| Major dental        | 12                      | \$500 per person<br>(combined limit for major dental & endodontic - <b>Sub-limits apply</b> )                       | Full crown veneered - \$500.00                                                                                                         |
| Endodontic          | 12                      |                                                                                                                     | Filling of one root canal - \$120.00                                                                                                   |
| Optical             | 6                       | \$220 per person                                                                                                    | Single vision lenses & frames - \$220.00<br>Multi-focal lenses & frames - \$220.00                                                     |
| Physiotherapy       | 2                       | \$400 per person<br>(combined limit for physiotherapy & exercise physiology)                                        | Initial visit - \$39.00<br>Subsequent visit - \$39.00                                                                                  |
| Chiropractic        | 2                       | \$400 per person<br>(combined limit for chiropractic, acupuncture, remedial massage, chinese medicine & osteopathy) | Initial visit - \$28.00<br>Subsequent visit - \$28.00                                                                                  |
| Acupuncture         | 2                       |                                                                                                                     | Initial visit - \$28.00<br>Subsequent visit - \$28.00                                                                                  |
| Remedial massage    | 2                       |                                                                                                                     | Initial visit - \$28.00<br>Subsequent visit - \$28.00                                                                                  |
| Chinese medicine    | 2                       |                                                                                                                     | Initial visit - \$28.00<br>Subsequent visit - \$28.00                                                                                  |
| Exercise physiology | 2                       | Combined limit - see Physiotherapy                                                                                  | Initial visit - \$39.00<br>Subsequent visit - \$39.00                                                                                  |
| Osteopathy          | 2                       | Combined limit - see Chiropractic                                                                                   | Initial visit - \$28.00<br>Subsequent visit - \$28.00                                                                                  |

|                                                                                                                                                     |   |                                         |                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------------------------------------|-----------------------|
| Vaccinations                                                                                                                                        | 2 | \$175 per person up to \$350 per policy | Per service - \$35.00 |
| Group physio/hydrotherapy session \$18 per service. Flu vaccination 1 per calendar year \$25 per service. Other eligible vaccines \$35 per service. |   |                                         |                       |

This policy **✗ does not include** General treatment (Extras) cover for

|                           |               |                                              |
|---------------------------|---------------|----------------------------------------------|
| ✗ Blood glucose monitors  | ✗ Orthodontic | ✗ Other treatments - check with your insurer |
| ✗ Hearing aids            | ✗ Podiatry    |                                              |
| ✗ Non PBS pharmaceuticals | ✗ Psychology  |                                              |

For further information about this policy see

<https://hcilttd.com.au/packaged-cover>

### Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

For further information about this policy see

<https://hcilttd.com.au/packaged-cover>

### Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.